

VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local or regional health office, or you can fax a copy of this document to the Texas Department of Health in Austin at (512) 458-7544 at the end of every week.

TEXAS DEPARTMENT OF HEALTH						
ONSET DATE		VACCINATED AGAINST VARIC	ELLA?	Yes	No	
		Date Varicella Vaccine Adminis	stered:			
LAST NAME		FIRST	DOB	SEX	RACE	
ADDRESS		CITY	ZIP CODE	HISPANIC?		
			L			
ONSET DATE		VACCINATED AGAINST VARICELLA? YO		Yes	No	
		Date Varicella Vaccine Administered:/				
LAST NAME		FIRST	DOB	SEX	RACE	
ADDRESS		CITY ZIP CODE		HISPANIC?		
				Yes	No	
	1					
ONSET DATE		VACCINATED AGAINST VARIC	ELLA?	Yes	No	
		Date Varicella Vaccine Adminis	stered:			
LAST NAME		FIRST	DOB	SEX	RACE	
ADDRESS		CITY	TY ZIP CODE		HISPANIC?	
				Yes	No	
ONSET DATE		VACCINATED AGAINST VARICELLA? Date Varicella Vaccine Administered:		Yes	No	
LAST NAME		FIRST	DOB	SEX	RACE	
ADDRESS		CITY	ZIP CODE	HISPA	ANIC?	
				Yes	No	
	-					
ONSET DATE		VACCINATED AGAINST VARICELLA?		Yes	No	
		Date Varicella Vaccine Administered:				
LAST NAME		FIRST	DOB	SEX	RACE	
ADDRESS		CITY ZIP CODE		HISPANIC?		
				Yes	No	
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	, 51.	<u> </u>				
CITY:		COUNTY:				